```
=> d his

     (FILE 'HOME' ENTERED AT 13:20:48 ON 02 OCT 2001)

     FILE 'HCAPLUS' ENTERED AT 13:21:19 ON 02 OCT 2001
               E NASHED N/AU
L1           11 S E3,E14
L2         1918 S ?GESTAGEN?
L3        69313 S ?ESTROGEN?
L4            1 S L1 AND L2
L5            1 S L1 AND L3
L6            1 S L4-5
                SELECT RN L6 1

     FILE 'REGISTRY' ENTERED AT 13:22:58 ON 02 OCT 2001
L7            6 S E1-6

     FILE 'HCAPLUS' ENTERED AT 13:23:05 ON 02 OCT 2001
L8            1 S L6 AND L7

     FILE 'REGISTRY' ENTERED AT 13:24:57 ON 02 OCT 2001

     FILE 'HCAPLUS' ENTERED AT 13:29:01 ON 02 OCT 2001
               E GESTAGEN/CT
               E PREMENSTRUAL/CT
               E E3+ALL/CT
               E PREMENSTRUAL SYNDROME+ALL/CT
L9          336 S E1-2
L10          64 S PMDD OR PREMENSTRUAL DYSPHOR?
L11         372 S L9-10
L12           7 S L2 AND L11
L13           6 S L12 NOT L8
L14          47 S ?DROSPIRENON?
L15        1848 S CYPROTERON?
L16           0 S L13 AND L14-15
L17       99510 S ESTROGEN? OR ESTRADIOL OR ETHINYLESTRADIOL
L18           4 S L13 AND L17
                SELECT RN L18 1-4

     FILE 'REGISTRY' ENTERED AT 13:37:13 ON 02 OCT 2001
L19          17 S E1-17

     FILE 'HCAPLUS' ENTERED AT 13:37:30 ON 02 OCT 2001
L20           4 S L18 AND L19
L21           2 S L13 NOT L20
                SELECT RN L21 1-2

     FILE 'REGISTRY' ENTERED AT 14:09:10 ON 02 OCT 2001
L22          51 S E18-68

     FILE 'HCAPLUS' ENTERED AT 14:09:22 ON 02 OCT 2001
L23           2 S L21 AND L22
L24         728 S PREMENSTRUAL
L25           5 S L24 AND L14-15
L26           4 S L25 NOT L12
                SELECT RN L26 1-4

     FILE 'REGISTRY' ENTERED AT 14:12:18 ON 02 OCT 2001
L27          24 S E69-92

     FILE 'HCAPLUS' ENTERED AT 14:12:37 ON 02 OCT 2001
L28           4 S L26 AND L27
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inventor search

1 cite w/ 6 compounds cited

text searching

cl 3

4 cites w/ 17 compounds displayed

2 cites w/ 51 cpds displayed

broader use

4 cites w/ 24 cpds displayed

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L29             7 S L12 OR L18
                  SAVE L29 QAZ493H/A

     FILE 'REGISTRY' ENTERED AT 14:40:49 ON 02 OCT 2001
L30             1 S 67392-87-4
L31             1 S 65928-58-7
L32             1 S 427-51-0

     FILE 'HCAPLUS' ENTERED AT 14:45:34 ON 02 OCT 2001
L33            71 S L30
L34           175 S L31
L35          1350 S L32
L36             3 S L33-35 AND   (L10 OR DYSPHOR? OR L24)
L37             2 S L36 NOT L8
L38           522 S L33-35 AND L17
L39           242 S L33-35(L) L17
L40            91 S L39(L)(COMPOSITION OR TREAT?)
                  E DYSPHORIA/CT
                  E DEPRESSION/CT
                  E E4+ALL/CT
L41          4347 S E1-2
L42             0 S L41 AND L40
L43             0 S L41 AND L38
L44             8 S L38 AND (ANXIETY OR DEPRESSION OR MENTAL? OR MOOD?)
L45            63 S L33-35(L)(ANXIETY OR DEPRESSION OR MENTAL? OR MOOD? OR BEHAVI
L46            59 S L45 NOT (L44 OR L37 OR L29 OR L28 )
L47        106031 S ?OVULAT? OR ?MENSTR? OR OVAR?
L48             4 S L46 AND L47
L49           188 S L47 AND L33-35
L50            88 S L47(L) L33-35
L51            82 S L50 NOT (L48 OR L44 OR L37 OR L29 OR L28 )
L52             3 S L51 AND PATENT/DT
L53            75 S L51 AND PY<1998
L54            72 S L53 NOT L52
L55             8 S L54 AND ?MENSTR?

     FILE 'MEDLINE' ENTERED AT 15:11:03 ON 02 OCT 2001
L56            25 S L30
L57            92 S L31
L58          1134 S L32
L59           206 S PMDD OR ?MENSTR?(3A) DYSPHOR?
L60             0 S L58 AND L59
```

Drospirenone
Dienogest
cyproterone acetate

cites for Reg # search of

estrogens

8 cites - treating depression, in general w/ elected sp. & an estrogen

4 cites

3 patents

8 cites

looking for use of elected species in treating any menstrual thing

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LOGINID:ssspta1202sxq

PASSWORD:
TERMINAL (ENTER 1, 2, 3, OR ?):2

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 NEWS  1          Web Page URLs for STN Seminar Schedule - N. America
 NEWS  2  Apr 08  "Ask CAS" for self-help around the clock
 NEWS  3  Apr 09  BEILSTEIN: Reload and Implementation of a New Subject Area
 NEWS  4  Apr 09  ZDB will be removed from STN
 NEWS  5  Apr 19  US Patent Applications available in IFICDB, IFIPAT, and IFIUDB
 NEWS  6  Apr 22  Records from IP.com available in CAPLUS, HCAPLUS, and ZCAPLUS
 NEWS  7  Apr 22  BIOSIS Gene Names now available in TOXCENTER
 NEWS  8  Apr 22  Federal Research in Progress (FEDRIP) now available
 NEWS  9  Jun 03  New e-mail delivery for search results now available
 NEWS 10  Jun 10  MEDLINE Reload
 NEWS 11  Jun 10  PCTFULL has been reloaded
 NEWS 12  Jul 02  FOREGE no longer contains STANDARDS file segment
 NEWS 13  Jul 22  USAN to be reloaded July 28, 2002;
                  saved answer sets no longer valid
 NEWS 14  Jul 29  Enhanced polymer searching in REGISTRY
 NEWS 15  Jul 30  NETFIRST to be removed from STN
 NEWS 16  Aug 08  CANCERLIT reload
 NEWS 17  Aug 08  PHARMAMarketLetter(PHARMAML) - new on STN
 NEWS 18  Aug 08  NTIS has been reloaded and enhanced
 NEWS 19  Aug 19  Aquatic Toxicity Information Retrieval (AQUIRE)
                  now available on STN
 NEWS 20  Aug 19  IFIPAT, IFICDB, and IFIUDB have been reloaded
 NEWS 21  Aug 19  The MEDLINE file segment of TOXCENTER has been reloaded
 NEWS 22  Aug 26  Sequence searching in REGISTRY enhanced
 NEWS 23  Sep 03  JAPIO has been reloaded and enhanced
 NEWS 24  Sep 16  Experimental properties added to the REGISTRY file
 NEWS 25  Sep 16  Indexing added to some pre-1967 records in CA/CAPLUS
 NEWS 26  Sep 16  CA Section Thesaurus available in CAPLUS and CA
 NEWS 27  Oct 01  CASREACT Enriched with Reactions from 1907 to 1985
 NEWS 28  Oct 21  EVENTLINE has been reloaded
 NEWS 29  Oct 24  BEILSTEIN adds new search fields
 NEWS 30  Oct 24  Nutraceuticals International (NUTRACEUT) now available on STN
 NEWS 31  Oct 25  MEDLINE SDI run of October 8, 2002

 NEWS EXPRESS  October 14 CURRENT WINDOWS VERSION IS V6.01,
               CURRENT MACINTOSH VERSION IS V6.0a(ENG) AND V6.0Ja(JP),
               AND CURRENT DISCOVER FILE IS DATED 01 OCTOBER 2002
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 NEWS INTER    General Internet Information
 NEWS LOGIN    Welcome Banner and News Items
 NEWS PHONE    Direct Dial and Telecommunication Network Access to STN
 NEWS WWW      CAS World Wide Web Site (general information)
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11/9/02

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FILE 'HOME' ENTERED AT 10:44:36 ON 17 NOV 2002

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FULL ESTIMATED COST	0.21	0.21

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FILE COVERS 1907 - 17 Nov 2002 VOL 137 ISS 21
FILE LAST UPDATED: 15 Nov 2002 (20021115/ED)

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=> S PMDD
L1 38 PMDD

=> s l1 and gestagen
506 GESTAGEN
L2 0 L1 AND GESTAGEN

=> s l1 and estrogen
60067 ESTROGEN
L3 0 L1 AND ESTROGEN

=> s l1 and drospirenone
69 DROSPIRENONE

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```
L4            0 L1 AND DROSPIRENONE

=> s l1 and cyperoterone acetate
              1 CYPEROTERONE
         424625 ACETATE
              1 CYPEROTERONE ACETATE
                  (CYPEROTERONE(W)ACETATE)
L5            0 L1 AND CYPEROTERONE ACETATE

=> s l1 and dienogest
            145 DIENOGEST
L6            0 L1 AND DIENOGEST

=> s s l1 and ethinylestradiol
MISSING OPERATOR S L1
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s l1 and ethinylestradiol
           1777 ETHINYLESTRADIOL
L7            0 L1 AND ETHINYLESTRADIOL

=> s l1 and estradiol valerate
          65141 ESTRADIOL
           4862 VALERATE
            886 ESTRADIOL VALERATE
                  (ESTRADIOL(W)VALERATE)
L8            0 L1 AND ESTRADIOL VALERATE

=>

=> s l1 and treatment
        1718548 TREATMENT
L9           22 L1 AND TREATMENT

=> s l9 and use
        1512347 USE
L10           5 L9 AND USE

=> d l10 1-5 ibib hitstr abs

L10  ANSWER 1 OF 5  CAPLUS  COPYRIGHT 2002 ACS
ACCESSION NUMBER:         2002:821830  CAPLUS
DOCUMENT NUMBER:          137:304185
TITLE:                    Selective serotonin reuptake inhibitors for
                          premenstrual dysphoric disorder. The emerging gold
                          standard?
AUTHOR(S):                Pearlstein, Teri
CORPORATE SOURCE:         Department of Psychiatry and Human Behavior, Brown
                          Medical School, Providence, RI, USA
SOURCE:                   Drugs (2002), 62(13), 1869-1885
                          CODEN: DRUGAY; ISSN: 0012-6667
PUBLISHER:                Adis International Ltd.
DOCUMENT TYPE:            Journal; General Review
LANGUAGE:                 English
AB    A review.  There have been a large no. of studies conducted investigating
      the use of selective serotonin reuptake inhibitors (SSRIs) in
      the treatment of patients with premenstrual dysphoric disorder (
```

PMDD). The 12 randomized, controlled trials with continuous dose administration of SSRIs and the eight randomized, controlled trials with luteal phase dose administration (from ovulation to menses) are reviewed. All the **treatment** studies on fluoxetine, sertraline, paroxetine and citalopram have reported pos. efficacy. Fluoxetine and sertraline have the largest literature, with a smaller no. of studies endorsing paroxetine and citalopram. Mixed efficacy results have been reported with fluvoxamine. In general, adverse effects from the **use** of SSRIs in women with **PMDD** are the usual mild and transient adverse effects from SSRIs including anxiety, dizziness, insomnia, sedation, nausea and headache. Sexual dysfunction and wt. gain can be problematic long-term adverse effects of SSRIs, but these effects have not been systematically evaluated with long-term SSRI **use** in women with **PMDD**. Serotonergic antidepressants have differential superiority over nonserotonergic antidepressants in the **treatment** of **PMDD**. Treatments that enhance serotonergic action improve premenstrual irritability and dysphoria with a rapid onset of action, suggesting a different mechanism of action than in the **treatment** of depression. It is possible that neurosteroids, such as progesterone metabolites, are involved in the rapid action of serotonergic antidepressants in **PMDD**. Future research needs to address less frequent dose administration regimens, such as 'symptom-onset' dose administration, and the recommended length of **treatment**.

REFERENCE COUNT: 90 THERE ARE 90 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 2 OF 5 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 2001:369432 CAPLUS
DOCUMENT NUMBER: 135:236479
TITLE: The role of central serotonergic dysfunction in the etiology of premenstrual dysphoric disorder: Therapeutic implications
AUTHOR(S): Parry, Barbara L.
CORPORATE SOURCE: University of California, La Jolla, CA, USA
SOURCE: CNS Drugs (2001), 15(4), 277-285
CODEN: CNDREF; ISSN: 1172-7047
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 67 refs. Premenstrual dysphoric disorder (**PMDD**), as defined in DSM-IV, is a mood disorder. One of the leading theories for the pathogenesis of mood disorders is dysfunction of the serotonergic system. An increasing database suggests that serotonergic dysfunction also characterizes **PMDD**. Evidence that treatments which enhance serotonergic function are beneficial in reducing the symptoms of **PMDD** support this hypothesis. Indeed, most of the evidence from baseline studies suggests predominantly a serotonergic rather than a noradrenergic or dopaminergic dysfunction. Challenge studies further support this hypothesis. These findings of neurotransmitter dysfunction are more consistent than those of other neuroendocrine abnormalities for example. Based on **treatment** studies, a selective serotonin (5-hydroxytryptamine; 5-HT) reuptake inhibitor, fluoxetine, has been approved for **use** in **PMDD** by the US Food and Drug Administration.

REFERENCE COUNT: 67 THERE ARE 67 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2002 ACS

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ACCESSION NUMBER: 2000:789608 CAPLUS
DOCUMENT NUMBER: 135:13673
TITLE: Fluoxetine: A review of its **use** in women's health
AUTHOR(S): Simpson, Kerryn; Noble, Stuart
CORPORATE SOURCE: Adis International Limited, Auckland, N. Z.
SOURCE: CNS Drugs (2000), 14(4), 301-328
CODEN: CNDREF; ISSN: 1172-7047
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 189 refs. The selective serotonin reuptake inhibitor (SSRI) fluoxetine has been investigated for a range of conditions of particular relevance to women. The efficacy of fluoxetine in major depression is well known, but data specific to women are limited. A large retrospective anal. of pooled trial data showed similar efficacy for fluoxetine and tricyclic antidepressants (TCAs) in women. Fluoxetine is the most widely evaluated SSRI regarding **use** during pregnancy. No significant assocn. has been demonstrated between first-trimester exposure and major fetal malformations. Further data on third-trimester exposure, and on long term developmental outcomes in general, would be beneficial. Fluoxetine showed quant. benefits over placebo in 1 well controlled trial in postpartum depression, but the difference did not appear to be statistically significant. Data on **use** during breastfeeding are very limited; most infants had no adverse complications but further data would be beneficial. Fluoxetine, like other SSRIs, has shown efficacy in well controlled trials in women with premenstrual dysphoric disorder (**PMDD**)/late luteal phase dysphoric disorder. Efficacy in reducing binge-eating and vomiting was demonstrated in 2 randomized double-blind trials in bulimia nervosa. Fluoxetine may be effective in preventing relapse, and in patients failing to respond to, or relapsing after, psychotherapy, although data are limited. No clear advantage was seen for combining fluoxetine with psychol. therapy or nutritional counselling in well controlled trials. Fluoxetine was no more effective than placebo when used in addn. to supportive/psychol. therapy in a single well controlled trial in patients with anorexia nervosa. However, it was more effective than placebo or cognitive-behavioral therapy in preventing relapse after initial wt. restoration in 2 randomized double-blind trials. Fluoxetine is an effective **treatment** for women with general depression, and appears to be a reasonable choice of antidepressant for women of childbearing age. Available data show no assocn. between first-trimester fluoxetine exposure and major fetal malformations. Fluoxetine is an effective **treatment** for **PMDD** and is the first drug approved for this condition in the US. Like a no. of other antidepressants, it has been used successfully for bulimia nervosa, although comparisons with other agents are not available. Fluoxetine does not appear to be effective in the initial **treatment** of anorexia nervosa, but may be useful in preventing relapse. Fluoxetine therefore offers a well studied and effective option for many conditions which are particularly relevant to women.

REFERENCE COUNT: 189 THERE ARE 189 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 2000:573422 CAPLUS
DOCUMENT NUMBER: 133:358759
TITLE: Women's issues in mood disorders

09958813

AUTHOR(S): Goodnick, Paul J.; Chaudry, Tanveer; Artadi, Jose; Arcey, Sergio
CORPORATE SOURCE: Department of Psychiatry & Behavioural Sciences, University of Miami, School of Medicine, Miami, FL, 33136, USA
SOURCE: Expert Opinion on Pharmacotherapy (2000), 1(5), 903-914
CODEN: EOPHF7; ISSN: 1465-6566
PUBLISHER: Ashley Publications Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 57 refs. Since the introduction of antidepressants in the 1950s, it was assumed for the next several decades that there were no special reasons to look at the application of these medications to women. In the past half-century, particularly in the past decade, since the advent of the selective serotonin re-uptake inhibitors (SSRI), a series of specific foci have developed. Firstly, there appear to be differences in the degree of response to particular antidepressants between the genders. Secondly, there is data concerning hormonal effects of particular relevance to women, i.e. prolactin, which separates out among the antidepressants. Also of concern to women are the potential teratogenic effects of these medications, which impact on their **use** during pregnancy. Finally, there are certain diagnostic syndromes that are particularly relevant to women: premenstrual dysphoric disorder (**PMDD**); postpartum depression (PPD) and perimenopausal depression (PMD). It appears that the SSRIs may be more effective, relative to the older tricyclic antidepressants (TCA), in women than in men. The SSRIs have shown to be effective in treating these disorders, with the possibility of intermittent luteal phase **treatment** of **PMDD**. Non-antidepressant (AD) approaches have generally been found to be less effective. In the first trimester of pregnancy, there is data available supporting the safe **use** of SSRIs, particularly those first released, i.e. fluoxetine and sertraline. Finally, all SSRIs, with the exception of sertraline, can increase the risk of hyperprolactinemia. This can lead to a variety of complications including amenorrhea and osteoporosis. This effect of sertraline, due to its unique profile in blocking re-uptake of dopamine, extends itself into addnl. relative benefits for sleep and memory. The issues assocd. for women with bipolar disorder are dealt with in terms of both increased risk of relapse during pregnancy and postpartum periods, as well as the relative risk of **use** of lithium and mood stabilizers in pregnancy and lactation.

REFERENCE COUNT: 57 THERE ARE 57 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 5 OF 5 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 2000:312149 CAPLUS
DOCUMENT NUMBER: 132:329312
TITLE: Advances in the diagnosis and **treatment** of premenstrual dysphoria
AUTHOR(S): Steiner, Meir; Born, Leslie
CORPORATE SOURCE: Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, ON, Can.
SOURCE: CNS Drugs (2000), 13(4), 287-304
CODEN: CNDREF; ISSN: 1172-7047
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

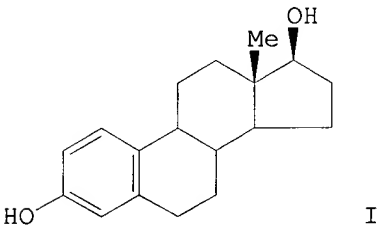
AB A review with 187 refs. The recent inclusion of research diagnostic

criteria for premenstrual dysphoric disorder (**PMDD**) in the DSM-IV recognizes the fact that some women in their reproductive years have extremely distressing emotional and behavioral symptoms premenstrually. Through the **use** of these criteria, **PMDD** can be differentiated. From premenstrual syndrome (PMS) which has milder phys. symptoms, i.e. breast tenderness, bloating, headache and minor mood changes. **PMDD** can also be differentiated from premenstrual exacerbation of a current psychiatric disorder or medical condition, although some women may meet criteria for a dual diagnosis. Epidemiol. surveys have estd. that as many as 75% of women with regular menstrual cycles experience some symptoms of PMS. **PMDD**, on the other hand, is much less common. It affects only 3 to 8% of women in this group, but it is more severe and exerts a much greater psychol. toll. These women report premenstrual symptoms that seriously interfere with their lifestyle and relationships. The etiol. of **PMDD** is largely unknown but the current consensus seems to be that normal ovarian function (rather than hormone imbalance) is the cyclical trigger for **PMDD**-related biochem. events within the CNS and other target organs. The serotonergic system is in close reciprocal relationship with the gonadal hormones and has been identified as the most plausible target for interventions. Thus, beyond the conservative **treatment** options such as lifestyle and stress management, and the more extreme interventions that eliminate ovulation altogether, the selective serotonin (5-hydroxytryptamine; 5-HT) reuptake inhibitors (SSRIs) are emerging as the most effective **treatment** options for this population. Results from several randomized placebo-controlled trials in women with **PMDD**, with predominantly psychol. symptoms of irritability, tension, dysphoria and lability of mood, have clearly demonstrated that the SSRIs have excellent efficacy and minimal adverse effects. More recently, several preliminary studies indicate that intermittent (premenstrually only) **treatment** with SSRIs is equally effective in these women and, thus, may offer an attractive **treatment** option for a disorder that is itself intermittent.

REFERENCE COUNT: 187 THERE ARE 187 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

not affected by PRL **treatment**. In animals injected with **PMS**, increases in serum **estradiol**-17.beta. [50-28-2] levels were obsd. 48 h later. This **PMS**-induced increase in the **estrogen** concn. was also not affected by PRL. Exogenously administered PRL may be unable to suppress the ovarian responsiveness to gonadotropins by direct action on the ovary.

L19 ANSWER 7 OF 25 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1982:433572 CAPLUS
DOCUMENT NUMBER: 97:33572
TITLE: Studies on embryo recovery from the vagina in mice. 1. Effects of **estrogen** administration on the recovery of embryos in virgin mice
AUTHOR(S): Yabe, Katsuhiro; Kotani, Yoshihiro; Yoshioka, Daisuke; Kanayama, Kiichi; Sakuma, Yuzi
CORPORATE SOURCE: Coll. Agric. Vet. Med., Nihon Univ., Tokyo, Japan
SOURCE: Tokyo Juigaku Chikusangaku Zasshi (1981), 29(1), 47-50
CODEN: TZTZAC; ISSN: 0303-0520
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
GI



I

AB Virgin mice were treated s.c. with 10 IU pregnant mare serum gonadotropin (**PMS**) and then with 10 IU human chronic gonadotropin (hCG) 50 h after **PMS treatment**, and with 17.beta.-**estradiol** (I) [50-28-2] (0.5, 1.0, 5.0 and 10.0 .mu.g) 18 h after hCG **treatment**. When mice were treated with 10 .mu.g I and subjected to vaginal flushing with saline, a total of 49 eggs was recovered from the vaginas of 30 mice within 6 days. Of the 49 eggs released, 37 were degenerated and 12 were normal eggs. Best results were obtained by s.c. administration of 5-10 .mu.g I/animal.

L19 ANSWER 8 OF 25 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1982:174642 CAPLUS
DOCUMENT NUMBER: 96:174642
TITLE: Effects of antibodies to catecholestrogens and catecholestrogen methyl ethers on **PMS** induced ovulations in immature rats
AUTHOR(S): Ball, Peter; Schwarzlose, Christian; Emons, Guenter
CORPORATE SOURCE: Inst. Biochem. Endokrinol., Med. Hochsch. Luebeck, Luebeck, D-2400, Fed. Rep. Ger.
SOURCE: Acta Endocrinol. (Copenhagen) (1982), 99(3), 443-7
CODEN: ACENA7; ISSN: 0001-5598
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Endogenously formed catecholestrogens or their monomethyl ethers were neutralized in the circulation using antisera with high affinity and specificity for 2-hydroxyestrone [362-06-1] and 2-hydroxyestradiol [362-05-0] or 4-hydroxyestrone [3131-23-5] and 4-hydroxyestradiol [5976-61-4] or the resp. Me ethers in pregnant mare serum (**PMS**) treated immature female rats. **Treatment** of the animals with antisera to catecholestrogens or their Me ethers had no neg. effect on

ovulation frequency, no. and shape of ova, and body wt., although the doses of antisera used, as calcd. from the no. of antibody binding sites and affinity consts., were more than sufficient to neutralize catecholestrogens or their Me ethers in the blood stream. In animals treated with **PMS** and a blocking dose of antiserum to estrone [53-16-7] and **estradiol** [50-28-2] ovulations could be restored by injections of 4-hydroxyestradiol-dibenzoate [81382-11-8] following a regimen which procured plasma levels of 4-hydroxyestradiol imitating the concn./time course of endogenous **estradiol** in animals treated with **PMS** alone. Evidently, catecholoestrogens and their Me ethers formed peripherally, are not of crucial importance for ovulation, at least in this model. 4-Hydroxyestradiol, however, can completely replace the peripheral and physiol. essential **estradiol** at central target sites when this primary **estrogen** is neutralized by antibodies.

L19 ANSWER 9 OF 25 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1979:449835 CAPLUS
DOCUMENT NUMBER: 91:49835
TITLE: Meiosis-facilitating effects in vivo of antiserum to estrone on follicular oocytes in immature rats treated with gonadotropins
AUTHOR(S): Mori, Takahide; Suzuki, Akira; Fujita, Yasuhiko; Nishimura, Toshio; Ohashi, Kazuyo; Kembegawa, Akira
CORPORATE SOURCE: Sch. Med., Kyoto Univ., Kyoto, 606, Japan
SOURCE: Biol. Reprod. (1979), 20(4), 681-8
CODEN: BIREBV; ISSN: 0006-3363
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The effects of neutralization of endogenous **estrogen** with rabbit antiserum to estrone [53-16-7] (anti-estrone) on the resumption of meiosis of oocytes in small (<125 .mu.m), intermediate (125-250 .mu.m) and large (>250 .mu.m) diam. follicles were investigated by a quant. histol. technique in immature rats treated with 5 IU pregnant mare's serum gonadotropin (**PMS**) [9002-70-4] alone or sequentially with 10 IU human chorionic gonadotropin (hCG) [9002-61-3]. Effective neutralization of an hCG-induced rise of 17.beta.-**estradiol** [50-28-2] with simultaneously administered anti-estrone was evidenced by an undetectable level of plasma **estradiol** up to the time of autopsy. **Treatment** with **PMS** alone induced no appreciable change 74 h later in the incidence of meiosis, while **treatment** with **PMS** and anti-estrone increased the incidence of meiosis in intermediate and large follicles. **Treatment** with hCG in addn. to **PMS** markedly increased the incidence of dividing ova in follicles 6 h and 18 h later. In animals given anti-estrone simultaneously with hCG, a increase in incidence of meiosis was noted only in intermediate follicles after 6 h, whereas the incidence of meiosis increased both in intermediate and large follicles after 18 h. The increased incidence of meiosis in large follicles was interpreted as a false increase resulting from a redn. in the population of large follicles between 6 and 18 h after hCG, due to the influence of anti-estrone. Apparently, hCG-induced preovulatory **estrogen** has a localized inhibitory effect on the resumption of meiosis of oocytes predominantly in intermediate follicles counteracting the meiosis inducing action of hCG.

L19 ANSWER 10 OF 25 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1978:523612 CAPLUS
DOCUMENT NUMBER: 89:123612
TITLE: Bovine ovarian and pituitary responses to **PMS** and GnRH administered during metestrus
AUTHOR(S): Ford, S. P.; Stormshak, F.
CORPORATE SOURCE: Oregon State Univ., Corvallis, Oreg., USA
SOURCE: J. Anim. Sci. (1978), 46(6), 1701-6
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AB Heifers were treated with pregnant mare serum gonadotropin (**PMS**) [9002-70-4] administered i.m. at 12 (1,000 IU) and 36 h (2,000 IU) after detected estrus followed at 55 h by an i.v. injection of 100 .mu.g gonadotropin-releasing hormone (GnRH) [9034-40-6] or with sterile water (vehicle) at 12 and 36 h followed at 55 h by GnRH. Group assignments for each heifer were reversed during each of 3 consecutive estrous cycles. During the 1st and 2nd estrous cycles, serum was analyzed for LH [9002-67-9], progesterone (I) [57-83-0], and **estradiol** (II) [50-28-2] by radioimmunoassay. Heifers were sacrificed 10 days after detected estrus during the 3rd estrous cycle and follicular characteristics were measured. **Treatment** of heifers with **PMS** failed to stimulate follicular growth during metestrus, as detd. by palpation, but increased follicular growth during the remainder of the cycle and prolonged the cycle. **Treatment** with GnRH increased serum LH levels from 15 to 120 min following injection but have failed to cause ovulation. During the 1st cycle, LH released after injection of GnRH was lower in heifers treated with **PMS** than in vehicle-injected heifers. Daily serum levels of LH and I were increased in heifers treated with **PMS** during the 1st cycle compared to controls, and heifers (**PMS** during the 1st cycle) receiving vehicle during the 2nd cycle. Serum concns. of II in heifers treated with **PMS** were increased compared to levels of this **estrogen** in heifers injected with vehicle. In a corollary study, i.v. injection of 100 .mu.g GnRH into 3 heifers at 55 h after detected estrus significantly decreased serum I concn. during the luteal phase of the cycle.

=> d bib abs hitrn 3

L16 ANSWER 3 OF 8 HCAPLUS COPYRIGHT 2000 ACS
AN 1994:253388 HCAPLUS
DN 120:253388
TI Transdermal contraceptive containing 3-ketodesogestrel
IN Lipp, Ralph; Guenther, Clemens; Riedl, Jutta; Taeuber, Ulrich
PA Schering A.-G., Germany
SO PCT Int. Appl., 29 pp.
CODEN: PIXXD2
DT Patent
LA German
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9404157	A1	19940303	WO 1993-EP2224	19930819
	W: AU, CA, FI, HU, JP, NO, US				
	RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE				
	DE 4227989	A1	19940609	DE 1992-4227989	19920821
	EP 655916	A1	19950607	EP 1993-919108	19930819
	EP 655916	B1	19980204		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, NL, PT, SE				
	HU 69406	A2	19950928	HU 1995-510	19930819
	JP 08500584	T2	19960123	JP 1993-505908	19930819
	AT 162945	E	19980215	AT 1993-919108	19930819
	AU 687013	B2	19980219	AU 1993-49504	19930819
	ES 2115071	T3	19980616	ES 1993-919108	19930819
	NO 9500626	A	19950220	NO 1995-626	19950220
	FI 9500774	A	19950220	FI 1995-774	19950220
PRAI	DE 1992-4227989	19920821			
	WO 1993-EP2224	19930819			

AB A transdermal contraceptive adhesive patch has a matrix or reservoir contg. 3-ketodesogestrel, optionally combined with .gtoreq.1 **estrogen**. Such transdermal prepns. are also useful for treatment of endometriosis, **gestagen**-dependent tumors, or **premenstrual** syndrome when free of **estrogens**, and for treatment of climacteric problems, for prevention of osteoporosis, and for regulation and stabilization of the menstrual cycle when combined with **estrogens**. Thus, 3-ketodesogestrel 0.8 and 1,2-propanediol 8.0 were dissolved in silicone adhesive 50% soln. in ligroin 62.4 g, spread on a polyester film to a d. of 40 g/m2, dried, covered with a polyester liner, and cut into 10-cm2 patches.

IT **50-28-2**, Estradiol, biological studies **50-28-2D**, Estradiol, esters **57-63-6**, 17.alpha.-Ethynylestradiol **57-63-6D**, 17.alpha.-Ethynylestradiol, esters **72-33-3**, Mestranol **72-33-3D**, Mestranol, esters
RL: BIOL (Biological study)
(transdermal contraceptives contg. ketodesogestrel and)

09958813

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L4            0 L1 AND GESTOGEN

=> s l1 and drospirane
              0 DROSPIRANE
L5            0 L1 AND DROSPIRANE

=> s l1 and cyproterone acetate
           1931 CYPROTERONE
         424542 ACETATE
           1720 CYPROTERONE ACETATE
                  (CYPROTERONE(W)ACETATE)
L6            0 L1 AND CYPROTERONE ACETATE

=> s l1 and dienogest
            145 DIENOGEST
L7            0 L1 AND DIENOGEST

=> Logoff
ALL L# QUERIES AND ANSWER SETS ARE DELETED AT LOGOFF
LOGOFF? (Y)/N/HOLD:H
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                        ENTRY    SESSION
FULL ESTIMATED COST                                     20.54      20.75

 SESSION WILL BE HELD FOR 60 MINUTES
STN INTERNATIONAL SESSION SUSPENDED AT 16:21:11 ON 15 NOV 2002
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11/9/02